

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68904	3/9/100
O.I.P.E. CLASSIFIER	RSD		1/1/100
FORMALITY REVIEW	NO NO	68971	5/12/100
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	1/2
Original	2/3
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Claim	Date
Final	1/2
Original	2/3
51	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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